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HOUSE OF REPRE	ESENTATIVES OF THE ST	TATE OF I	NDIANA
	STATE HOUSE INDIANAPOLIS, INDIANA 46204		
	MENT OF ECONOMIC INTE THE CALENDAR YEAR <b>20</b>		
activity occurring in the preceding calend	not later than seven days following the first session da ar year. Non-incumbent candidates for the General Ass ments shall be filed with the Principal Clerk of the Hou	sembly must file this st	tatement before
Additional pages may be inserted, if nece	ssary, See IC 2-2.1-3, for any clarification of the questio	ons.	
Incumbent legislator (x)	Legislative candidate (x)		_
	the employer(s) of your spouse and the nature of the en aber of or candidate for the Indiana General Assembly		
NAME OF EMPLOYER	NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)

NAME OF BUSINESS	NATURE OF BUSINESS		Your Business (x)	Spouse's Business (x
ist the name of every partnership and are of the business.	limited liability company	of which you or y	our spouse are a m	ember and th
NAME OF BUSINESS	NATURE OF BUSINESS		Your Business (x)	Spouse's Business (x
ist the name of any corporation of whoration's business. Churches need no		e an office or dire	ctor and the nature	of the
NAME OF BUSINESS	NATURE OF BUSINESS		Your	Spouse's
			Business (x)	Business (x
Murin Februar	Boncina		Business (x)	Business ()
Murin Ferrina	Bonciña		Business (x)	Business (x
Muran Ferrance	Boncina		Business (x)	Business (x
ist the name of any corporation in who market value in excess of \$10,000. No	ich you, your spouse or u	nemancipated chil in a financial inst	d own stock or stoc	ck options ha
ist the name of any corporation in wh market value in excess of \$10,000. No	o time or demand deposit	nemancipated chil in a financial inst Your Stock (x)	d own stock or stoc	ck options ha
dist the name of any corporation in who market value in excess of \$10,000. No	o time or demand deposit	in a financial inst  Your	ld own stock or stocitution or an insura	ck options had nice policy ne
dist the name of any corporation in who market value in excess of \$10,000. No	o time or demand deposit	in a financial inst  Your	ld own stock or stocitution or an insura	ck options had note policy ne

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	NATURE OF LICENSURE	Profession or Occupation (x)		Business listed under No. 2, 3, 4 (x)	
		You	Spouse	You	Spouse
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7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of \$1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	Purchased over \$100 from you or your business (x)	Purchased over \$1,000 from your partner (x)	

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of \$100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of \$250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	Any gift of cash from a lobbyist (x)	Any single gift over \$100 (x)	Total gifts over \$250 (x)
INDIAND ENERGY ASSOC			
INDIAND ENERGY ASSOC NEWTONS DESCE			

9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection

10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.

Signature

Filed with the Clerk of the Indiana House of Representatives this / State day of January 2008.

Clent May, Vrunapal Clerk
Name, Title

Address Levera Core PW

Area Code / Telephone